

State of Connecticut Department of Public Safety Division of State Police

| DPS-90-C (Rev. 04/03) CRIMINAL INFORMATION SUMMARY | | | | | ☐ ADDITIONAL PAGES | | |
|--|----------|---|---------------------|---|----------------------|------------|-------------------|
| TROOP/UNIT: OTHER INVOLVED AGENCY: NO YES, | | | | | | | |
| | TIGATING | TROOPER / OFF | CER: | DPS CASE NUMBER: | | | |
| | | DENER | 1282 | DP505-0016 | 15 | | |
| LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): | | | | | | | |
| SUMMARY OF INCIDENT OR AFFIDAVIT: RARREST MADE WINDER INVESTIGATION | | | | | | | |
| 15 YRS OLD FEMALE STUDENT, MADE A COMMENT TO ANOTHER STUDENT, THAT | | | | | | | |
| SHE WAS GOING TO GET A GUN AND A CROWBAR, AND COME BACK TO SCHOOL | | | | | | | |
| TO TAKE OUT STUDENTS & TEACHERS THAT SHE HATES. | | | | | | | |
| | | | | | | | |
| VICTIM:(DO NOT IDENTIFY ANY JUVENILE B NAME / BUSINESS / AGENCY: | | ADDRESS - IF JUV ESS: (TOWN/CITY | | | JUVEN | | B FIELD) INJURED: |
| | | | | ☐ YES | | ☐ YES | |
| NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER | | | | AGI | | □ NO | |
| NAME / BUSINESS / AGENCY: M F ADDRESS: (TOWN/CITY&STATE ONLY) | | | | JUVENILE: | | INJURED: | |
| | | | | AGE: | | □NO | |
| NAME / BUSINESS / AGENCY: | F ADDR | ESS: (TOWN/CITY | &STATE ONLY) | | JUVE | | INJURED: |
| | | | AGI | YES | NO | | |
| ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD) | | | | | | | |
| NAME: DOB; ADDRESS: | | | | | | | |
| CHARGES: 15 YRS ENJURED: | | | | | | | |
| 1. 53a 62 THREATENING | GA: T | SUVERILE | CASH L2 | EUL SURETY | | _ | ™ NO |
| 2. | | count | ☐ NON-SURE | TY WPTA | , | AMBUL | ANCE; |
| 3. | TOWN: | TOWN: AMOUNTS: TO MALLIS (USTON). HOSPITAL: | | | | | |
| 4. | DATE: | la da | | DEPT OF CORRECTION | is @: | | |
| NAME: | | DOB: | ADDRESS: | | | | |
| TARLE STATE OF THE | | | | | | | |
| CHARGES: | COURT: | | BOND: | | | INJURE | |
| 1. | GA: | | ☐ CASH ☐ NON-SURE | TY SURETY | | AMBUL | NO NO |
| 2. | TOWN: | | AMOUNT S: | | | ☐ YES | □ NO |
| 3. | 10witt | | | ESENTED AT COURT D DEPT OF CORRECTIONS @: | | AL: | |
| 4. | DATE: | | L HOUSTO | DEFI OF CORRECTION | 13 (B): | | |
| NAME: | F | DOB: | ADDRESS: | | | | |
| | COLUMN | | BOND | | - 1 | Thirt in C | D. |
| CHARGES: | GA: | | BOND: | ☐ SURETY | INJURED: ☐ YES ☐ NO | | |
| 2. | | | ☐ NON-SURE | TY WPTA | | AMBUL | ANCE: |
| 3. | TOWN: | | AMOUNT \$: | RESENTED AT COURT HOSPITAL; | | | |
| 4. | DATE: | | TRANS TO | DEPT OF CORRECTION | NS @: | | |
| NAME; | A DF | DOB: | ADDRESS: | | | | |
| Trainer, | | DOD. | ALPINESS, | | | | |
| CHARGES: | COURT: | | BOND: | | | INJURE | |
| 1. | GA: | | ☐ CASH . ☐ NON-SURE | SURETY WPTA | | AMBUL | □ NO |
| 2. | TOWN: | | AMOUNT S: | 8 | - | ☐ YES | □ NO |
| 3. | TOWN. | | TO BE PRI | SENTED AT COURT DEPT OF CORRECTION | NR div- | HOSPIT | AL; |
| 7. | DATE: | 1111 | LIKANS 10 | 111 | 42 (6): | ~/ | 1_ |
| SUPERVISOR'S APPROVAL REQUIRED: INITIALS: /// ID #: DATE: 0//0/5 THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LANS. | | | | | | | |
| THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS.</u> FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: \$60.685.230 FAY: \$60.685.2301 TO BU | | | | | | | |